

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

23463

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City St. Louis (No. City Hospital)  
# 3253

File No.....  
Registered No. **6964**  
St..... Ward.....

**2. FULL NAME**

Mary Rozmurskij  
(a) Residence, No. 4244 Racella St., 15 Ward.  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 25, 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
74 5 29

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. pie  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wf.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryland

FATHER  
13. NAME Richard Shea

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER  
15. MAIDEN NAME Mollie Kato

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Hospital Information Dept. Municipal City Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE S. S. Petrus Paul DATE 6-25 1931

19. UNDERTAKER (ADDRESS) McLaughlin

20. FILED 6-23-31 Miss C. Parker Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23, 1931

22. I HEREBY CERTIFY, That I attended deceased from May 25, 1931, to June 23, 1931

I last saw her alive on June 23, 1931. Death is said to have occurred on the date stated above, at 12:30 PM.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis  
52  
93052

Date of onset

Other contributory causes of importance:  
Carcinoma of the face

Name of operation..... Date of.....  
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify (Signed) Raymond H. Jacobs, M. D.  
(Address) City Hospital

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Koznursky